

FAX TO: 423-1743

TAD/TDY TRAVEL REQUEST WORKSHEET

IKAVEL KEQUESI	WORKSHEET	DAIE:

FMAII -

ATTN: SATOTRAVEL

COMMAND:

FOR AN ONLINE FORM SEE <u>www.psdph.navy.mil</u> (go to FORMS, NAVPTO, TDY WORKSHEET)

*** NOTE: BUSINESS STARTS/ENDS – DATE & TIME – ARE NECESSARY TO PROCESS THIS REQUEST ***

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PASSENGER NAME: (LAST, FIRST) RANK/GRADE:		RANK/GRADE:	TITLE: (06/GM15 & ABOVE)		SSN		DOB GENDER		
NAME ENTERED MUST MATCH PHOTO I.D. CREDIT CARD NUMBER: (HOTEL GUARANTEE GOVT VISA CARD SHOULD BE USED) CARD TYPE: NUMBER: EXP. DATE: NAME ON CARD: LEAVE DESTINATION(S): (IF APPLICABLE)				FOR INTERNATIONAL TRAVEL ARE YOU IN POSSESSION OF PASSPORT OFFICIAL					
FROM (CITY)	TO (CITY)	REQTD TRAVEL (DATE/TIME)	UPON ARRIVAL		LODGII	NG		CAR	
			TAD COMMAND SITE: BUSINESS (DATE/TIME): STARTS: ENDS:		BQ NAME OR BADIRECTED TO: HOTEL NAME: (PREFERENCE) SCHOOL: YES N	0		OFFICIAL COMPACT MID-SIZE FULL-SIZE MINI VAN	
			TAD COMMAND SITE: BUSINESS (DATE/TIME): STARTS: ENDS:		BQ NAME OR BADIRECTED TO: HOTEL NAME: (PREFERENCE) SCHOOL: YES N	0		OFFICIAL COMPACT MID-SIZE FULL-SIZE MINI VAN	
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ADDITIONAL REMARKS:

PRIVACY ACT STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS PROTECTED UNDER AUTHORITY OF T U.S.C. 552a AND THE JOINT TRAVEL REGULATIONS TO PROVIDE A MEANS OF MAKING TRAVEL ARRANGEMENTS. THE FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY AND REMAINS PART OF THE RETAIN FILE. DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER COMPLETION OF THIS FORM IS NECESSARY BEFORE TRANSPORTATION CAN BE AUTHORIZED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF TRAVEL REQUEST.